



RCE \$ FW

Approved for use through 07/31/2006. OMB 0651-0031
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/743,929
	Filing Date	January 16, 2001
	First Named Inventor	Silvia GOHLKE
	Art Unit	1733
	Examiner Name	John L. Goff, II
	Attorney Docket Number	449122019100

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
- a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☒ Other Amendment filed October 12, 2004
- b. ☒ Enclosed
- i. ☒ Amendment/Reply
- iii. ☐ Information Disclosure Statement (IDS)
- ii. ☐ Affidavit(s)/Declaration(s)
- iv. ☐ Other _____
2. **Miscellaneous**
- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
- b. ☐ Other _____
3. **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 03-1952. I have enclosed a duplicate copy of this sheet.
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☐ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Signature		Date	December 14, 2004
Name (Print/Type)	Kevin R. Spivak	Registration No.	43,148



PTO/SB/17 (11-04)

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FEE TRANSMITTAL for FY 2005 <small>Effective 10/01/2004. Patent fees are subject to annual revision.</small>		Complete if Known	
		Application Number	09/743,929
		Filing Date	January 16, 2001
		First Named Inventor	Silvia GOHLKE
		Examiner Name	J. L. Goff
		Art Unit	1733
		Attorney Docket No.	449122019100
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) 790.00		

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments To the above-identified deposit account. <input type="checkbox"/> Other (please identify):		2. EXTRA CLAIM FEES <table border="1"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr><tr><td>Total Claims</td><td>Extra Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td colspan="4">- 20 or HP = x =</td></tr><tr><td colspan="4">HP= highest number of total claims paid for, if greater than 20</td></tr><tr><td>Indep. Claims</td><td>Extra Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td colspan="4">- 3 or HP = x =</td></tr><tr><td colspan="4">HP= highest number of independent claims paid for, if greater than 3</td></tr><tr><td colspan="2">Multiple Dependent Claims</td><td>Fee (\$)</td><td>Fee Paid (\$)</td></tr><tr><td colspan="2"></td><td></td><td></td></tr><tr><td colspan="2">Subtotal (2) \$</td><td colspan="2">0.00</td></tr></tbody></table>		Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 20 or HP = x =				HP= highest number of total claims paid for, if greater than 20				Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	- 3 or HP = x =				HP= highest number of independent claims paid for, if greater than 3				Multiple Dependent Claims		Fee (\$)	Fee Paid (\$)					Subtotal (2) \$		0.00																															
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SUBMITTED BY			
Signature		Registration No. (Attorney/Agent)	43,148
Name (Print/Type)	Kevin R. Spivak	Telephone	(703) 760-7762
		Date	December 14, 2004